

Lax Heroes for Hospice Team Registration Form

Please complete one form for each team registering.

Team Information

Club/Team Name _____

Division U-11 U-13 U-15 Varsity A Varsity B

Approx. Team Roster Size _____ Primary Jersey Color _____ Alternate Jersey Color _____

Coach's Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Email _____

Registration Instructions

A non-refundable team deposit of \$250* is due by **May 1, 2010**. Final payment of \$625* due by **July 2, 2010**.

Please complete the above information and mail or email with deposit paid online or by check under separate cover.

Checks made payable to: Charles County Hospice House Campaign

Forms/Checks mailed to: Lax Heroes for Hospice
Attn: Julie Casalino
7999 Delores Ct
Chesapeake Beach, MD 20732

Team Roster and Player Waiver forms should be completed and postmarked no later than June 15, 2010 .

Player waiver forms are required for EACH player on the roster. No player will be permitted to play without a complete waiver form.

No player may compete or be rostered on more than one team during the tournament.

U11 players must still be 11 or younger on January 1, 2011

U13 players must still be 15 or younger on January 1, 2011

U15 players must still be 15 or younger on January 1, 2011

Varsity players must not have graduated High School

All teams should be prepared to play as early as 8 am on Saturday and Sunday.

Upon receipt of Team Roster and Player Waiver forms, event information including bracket placement, game times, etc. will be sent and posted July 1 at www.CharlesCountyHospiceHouse.com, as well as emailed to team coach. Contact Julie at 301.751.9601 or julie@charlescountyhospicehouse.com with any questions.

I understand and agree to the above written tournament rules, registration instructions, and guidelines to participate in the tournament. I also understand my responsibility to ensure that my team abides by the rules and regulations governing play and behavior both on and off the field. I understand that a violation of tournament rules and regulations may result in the disqualification of my team.

Signature of Coach _____

Printed Name _____ Date _____

A copy of our current financial statement is available upon request by contacting Hospice of Charles County, Inc., at PO Box 1703, La Plata, Maryland 20646, 301-934-1268. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations are available from the office of the Secretary of the State.

Lax Heroes for Hospice Participant Waiver and Release

Saturday, July 10 and Sunday, July 11 - Bryantown Sports Complex - Waldorf, MD

PARTICIPANT WAIVER AND RELEASE

In Consideration of my participation in Hospice of Charles County, Inc. Lax Heroes for Hospice sponsored events and activities, I agree to the following:

- Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event and related sports conditioning activities. I further agree on behalf of myself, my heirs, and personal representatives, that Hospice of Charles County, Inc. and the Charles County Government, along with the coaches, officials, referees, volunteers, employees, agents, sponsors, officers, and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.
- Medical Attention:** I hereby give my consent to Hospice of Charles County, Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation in Hospice of Charles County, Inc. sponsored or sanctioned events.
- Readiness to Compete:** I will only participate in those competition or activities in which I believe I am physically and psychologically prepared to participate.
- Name and Likeness:** I authorize Hospice of Charles County, Inc. and its affiliated programs to photograph or otherwise record and utilize my/my represented minor's appearance, name, voice, likeness, performance and statements in connection with the Lax Heroes for Hospice Tournament and to display them and otherwise use these photos without charge solely for the purpose of promotional material in connection with Hospice of Charles County, Inc. and the Charles County Hospice House Campaign. These may be for public relations, print ads, display on web site, or other promotional use as Hospice of Charles County, Inc., may determine. I hereby waive any rights that I may have to inspect or approve any use to which it is applied.
- Code of Conduct:** I have read and agree to all parts of the Code of Conduct.

Signature of Participant

Date

Participant Name (please print)

Age

Team Name

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver and Release section for permitting my child to participate in any Hospice of Charles County, Inc. sponsored events and activities, and I accept each of the conditions.

Signature of Parent/Guardian

Date

INSURANCE INFORMATION

All participants are required to be covered with insurance for accidental injury. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below.

Health Insurance Company

Policy Authorization Number(s)

MEDICAL TREATMENT AUTHORIZATION

I/We being the legal guardian(s) of the participant, authorize Hospice of Charles County, Inc. and its agent's permission to request medical treatment as necessary to ensure the well being of our dependent.

Signature of Parent/Guardian

Date

Lax Heroes for Hospice Code of Conduct

In an effort to host an enjoyable tournament for all, Hospice of Charles County, Inc. has set forth the following Codes of Conduct for all involved in the Lax Heroes for Hospice Tournament to abide by. Players, parents, coaches, officials and spectators shall strive at all times to “Honor the Game” of Lacrosse. Conduct that honors the game is defined as an uncompromising respect for rules, opponents, officials, teammates and tradition at all times.

To fulfill this mission and preserve the “Honor of The Game,” Hospice expects that players, coaches, officials, parents, and spectators abide by a Code of Conduct that embodies basic common sense principles, demonstrates consideration of others and projects a positive image to our young men.

Player Code of Conduct: As a Lax Heroes for Hospice participant, you are to understand that a high level of sportsmanship is expected from you at all times. You are expected to treat your coaches, fellow teammates, officials, opposing team players and coaches with respect and dignity. You are expected to come to your games on time ready to play. Understand that unsportsmanlike misconduct such as taunting, use of foul & abusive language, fighting, flagrant unnecessary roughness or disrespect is considered grounds for ejection from a game. If ejected from a game due to the above, all fees will be forfeited.

Coach’s Code of Conduct: As a lacrosse coach, you are to understand that a high level of sportsmanship is expected from you at all times. You are expected to treat your fellow coaches, players, volunteers, officials and opposing team coaches and players with respect and dignity. You are expected to give your players positive reinforcement and an ample amount of playing time. You are expected to have a thorough understanding of the rules as they pertain to the game. Understand that unsportsmanlike misconduct such as taunting, use of foul & abusive language or fighting is grounds for ejection from a game and you will be asked to remove yourself from the area.

Parent / Spectator Code of Conduct: As a lacrosse parent/spectator, you are to understand that a high level of sportsmanship is expected from you at all times. You are expected to treat the coaches, your child, their teammates, officials, opposing team players and coaches with respect and dignity. If you are a vocal parent, cheer for all good plays made by either team. Understand that unsportsmanlike misconduct such as taunting, use of foul & abusive language or fighting is grounds for ejection from a game and you will be asked to remove yourself from the area.

Official’s Code of Conduct: As a lacrosse official, you are to understand that a high level of sportsmanship is expected from you. You are expected to treat coaches, players, spectators and officials with respect and dignity. You will be expected maintain control of the game by demonstrating your authority combined with consistent judgment, a thorough understanding of the rules as they pertain to the game and maintaining optimum field position.